

Division of Mental Health and Addiction Services

Professional Advisory Committee

Call for Members and Application

Purpose:

The Division of Mental Health and Addiction Services (DMHAS) is soliciting applications for individuals who are interested in serving on the Professional Advisory Committee (PAC) from November 2012 through October 2014. The purpose of the PAC is to make recommendations pertinent to substance use disorders and addictions to the Commissioner of the Department of Human Services (DHS) through DMHAS. Members of the PAC are NOT selected as representatives of their respective provider agency; rather, members are chosen for their individual experiences and knowledge and ability to liaison with DMHAS on substance use and/or co-occurring disorders.

Individuals who may apply:

Any individual who reflects leadership, expertise, service and or advocacy pertinent to prevention, early intervention, treatment and recovery related to substance use disorders and co-occurring disorders is eligible to apply, which includes the following:

- Persons in recovery or those involved in prevention/early intervention/treatment/recovery of substance use disorders particularly including youth, elderly, minority, women, disabled and other at-risk populations;
- Knowledgeable professionals such as educators, researchers, etc.;
- Knowledgeable persons who have shown an interest and active involvement in the field of substance use and/or co-occurring disorders and addictions, including consumer advocates;
- Officials from law enforcement, local government, social services, youth services, mental health or co-occurring disorders services and other such areas impacted by substance use disorders; and
- Representatives of the community including individuals with expertise in the social, criminal, medical and other effects of substance abuse and/or co-occurring disorders.

Current PAC members who submitted a letter of interest to remain on the PAC do not need to submit this application.

Qualifications needed by an applicant to be considered:

Applicants should have demonstrated competency in one or more of the following areas:

- Knowledge of New Jersey State government and systems;
- Increasing access to prevention, treatment and recovery support services;
- Improving quality of care;
- Medical linkage;
- Improving service efficiency;
- Improving outcome measurement;
- Increasing available resources;

- Workforce development;
- Needs assessment/data;
- Performance based contracting;
- Knowledge/experience with fee-for-service;
- Integration with primary health care;
- Improving performance;
- Utilization management; and/or
- Improving co-occurring mental health/substance abuse integration

Location and meeting accommodations:

Meetings will be held monthly on the third Friday from 10:00 a.m. to 12:00 p.m. at the Monmouth County Human Services Building, located at 3000 Kosloski Road in Freehold, New Jersey.

Procedure to apply:

Eligible and interested individuals may obtain an application from the Department of Human Services website at <http://www.state.nj.us/humanservices/providers/grants/public/>. Interested individuals may also contact Dona Sinton at 609-633-2243 or by e-mail at dona.sinton@dhs.state.nj.us.

Applications must be submitted to: One original signed application and 5 copies must be submitted to:

Dona Sinton
Division of Mental Health and Addiction Services
New Jersey Department of Human Services
P.O. Box 362
Trenton, NJ 08625

For UPS, Fed Ex or hand delivery, please alter address to read:
120 South Stockton Street, 3rd floor
Trenton, NJ **08611**

Faxed or emailed applications will not be accepted. You will NOT be notified that your package has been received. If you require a phone number for delivery, you may use (609) 292-5760.

Deadline by which all applications must be submitted: Applications (including licenses/credentials and resumes) must be postmarked by September 12, 2012.

Date by which applicants will be notified: Applicants will be notified on or before October 24, 2012.

Professional Advisory Committee Application

Division of Mental Health and Addiction Services New Jersey Department of Human Services

Please complete and return to Dona Sinton by September 12, 2012. Be sure to include a **photocopy of all credentials/licenses with your application and resume.**
Attach additional sheets as needed.

Name: _____

Home Address: _____

Daytime Telephone Number: _____

Name and Address of Employer: _____

List all professional licenses and certifications: _____

Provide a description of how you demonstrate leadership, expertise, service and/or advocacy pertinent to substance use disorders and addictions. _____

What changes would you like to see implemented to improve prevention, treatment and recovery support services in New Jersey? _____

Provide evidence of how your experience and qualifications demonstrate one or more of

the following areas: Knowledge of New Jersey State government and systems; Increasing access to prevention, treatment and recovery support services; Improving quality of care; Medical linkage; Improving service efficiency; Improving outcome measurement; Increasing available resources; Workforce development; Needs assessment/data; Performance based contracting; Knowledge/experience with fee-for-service; Integration with primary health care; Improving performance; Utilization management; and/or Improving co-occurring mental health/substance abuse integration.

What do you consider to be your area of expertise? _____

Why do you think you will be a good PAC Member? _____

Region of Residence: ☐ North ☐ Central ☐ South

1. Have you ever been disciplined or denied a professional license or certificate of any kind in New Jersey, any other state, the District of Columbia or in any other jurisdiction?
Yes No

2. Have you ever had a professional license or certificate of any type suspended, revoked or surrendered in New Jersey, any other state, the District of Columbia or in any other jurisdiction? Yes No

3. Has any action (including the assessment of fines or other penalties) ever been taken against your professional practice by any agency or certification board in New Jersey, any other state, the District of Columbia or in any other jurisdiction?
Yes No
4. Have you ever been named as a defendant in any litigation related to the practice of alcohol and drug counseling or other professional practice in New Jersey, any other state, the District of Columbia or in any other jurisdiction? Yes No
5. Are you aware of any investigation pending against a professional license or certificate issued to you by a professional board in New Jersey, any other state, the District of Columbia or in any other jurisdiction? Yes No
6. Are there any criminal charges now pending against you in New Jersey, any other state, the District of Columbia or in any other jurisdiction? Yes No
7. Have you ever been sanctioned by or is any action pending before any employer, association, society, or other professional group related to the practice of alcohol and drug counseling or other professional practice in New Jersey, any other state, the District of Columbia or in any other jurisdiction? Yes No

If the answer to any of the above questions, numbers 1 through 7, is "Yes," provide a complete explanation of the circumstances leading to the action, and any supporting documentation, on separate sheets of paper.

I hereby swear that the information provided above is true to the best of my knowledge.

Applicant Signature

Date

-----OPTIONAL-----

Gender: ☐ Male ☐ Female

Race / Ethnicity: (Check all that apply)

☐ Asian ☐ African American ☐ Caucasian ☐ Hispanic

☐ Native American ☐ Other _____